## ARKANSAS INSURANCE DEPARTMENT LICENSE DIVISION 1200 WEST 3<sup>RD</sup> STREET; LITTLE ROCK, AR 72001 PHONE: 501-371-2750/FAX: 501-683-2604

## MANAGING GENERAL AGENT INSURANCE LICENSE APPLICATION CORPORATION, LLC, LLP, AND PARTNERSHIP)

NC	n-resident License					
	> Identify Home State:	Identify Home S	tate License #			
1.	Business Entity Name					
2.	FEIN					
3.	State of Domicile					
4.	Business Address:		City	State	Zip	
5.	Phone number	6. Fax #	•	State		
6.	Mailing AddressP.O. Box_or	G.	O'.	G		
7.	Contact Person for MGA:	r Street	City	State	Zip	
	Name	Phone #				
8.	Owners Partners, Officers and Directors: Can attach list to application if additional space is needed:					
	Name	Title				
	Name	Title				
	Name	Title				
	Name	Title				
	Name	Title				
9.	Name of Insurance Company/Companies, which the MGA will represent: Attach a completed M-41 for each company listed					
	Company NAIC #	Company Name				
	Company NAIC #	Company Name				
	Company NAIC #					
		Carrier, Policy Number and Effe	ctive Date:			
10	. List Name of Errors and Omissions C	•				
10	List Name of Errors and Omissions C  Carrier Name:	•	cy #	I	Date	
	Carrier Name:	Police			Date	
		Policy Num	nber and Effec	ctive Date:		

 ${\bf Note:}\ \ {\bf Originals}\ \ {\bf of}\ \ {\bf the}\ \ {\bf Errors}\ \ {\bf and}\ \ {\bf Omissions}\ \ {\bf Policy}\ \ {\bf and}\ \ {\bf the}\ \ {\bf Surety}\ \ {\bf Bond}\ \ {\bf must}\ \ {\bf be}\ \ {\bf attached}\ \ {\bf to}\ \ {\bf this}\ \ {\bf application.}$ 

Note: Must attach proof of filing with the Arkansas Secretary of State showing the business entity has filed as a foreign Corporation or Limited Liability Company with the State of Arkansas.

## PLEASE READ THE FOLLOWING VERY CAREFULLY AND YOU MUST ANSWER EVERY QUESTION. IF ANY OF THE QUESTIONS IS ANSWERED YES—YOU MUST ATTACH DOCUMENTATION.

12. Has the business entity or any owner, partner, officer or director ever been convicted of, Or is the business entity or any owner, partner, officer or director currently charged with, Committing a crime, whether or not adjudication was withheld?	Yes	No
13. Has the business entity or any owner, partner, officer or director ever been involved in an Administrative proceeding regarding any professional or occupational license?	Yes	_ No
14. Has any demand been made or judgment rendered against the business entity or any owner, Partner, officer or director for overdue monies by an insurer, insured, or producer, or have you ever been subject to a bankruptcy proceeding?	Yes	No
15. Has the business entity or any owner, partner, office or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?	Yes	No
16. Is the business entity or any owner, partner, officer or director a party to, or ever been found Liable in any lawsuit or arbitration proceeding involving allegations of fraud, Misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?	Yes	No
17. Has the business entity or any owner, partner, officer, or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?	Yes	No
APPLICANTS CERTIFICATION AND ATTESTATION		
The undersigned owner, partner, officer or director of the business entity hereby certifies, under pend	alty, that:	
All of the information submitted in this application and attachments is true and complete and I am aware that submitting false informatical information in connection with this application is grounds for license or registration revocation and may subject me and to criminal penalties.		
The business entity grants permission to the Commissioner to verify any information supplied with any federal, state, or local gov former employer or insurance company.	ernment ag	ency, current or
Every owner, partner, officer or director of the business entity either (a) does not have a current child support obligation, or (b) has currently in compliance with that obligation.	ıs a child su	pport obligation and is
I authorized the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or a release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing		
I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for	or licensure	
For Non-Resident license Applications, I certify that I am licensed and in good standing in my home state/resident state for the lir non-resident state.	nes of autho	rity requested from the
Must be signed by an officer, director, principal or partner of the business entity:		
Date		
Signature		

Typed or Printed Name

Title